PTO/SBIDS (09-03)
Approved for use through 1/31/2004, CNIS 0651-0032
U.S. Patent and Tradement Officer, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unteres it displays a valid CMB control manber.								
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								
CLAIMS AS FILED - PART 1 (Column 1) (Column 2)				SMALL ENTITY		C/R	OTHER THAN SMALL ENTITY	
FOR	NUMBER FLED	MUMBE	R EXTRA	RATE	ÆE		RATE	FEE
BASIC FEE (27 CFR 1.18(s))					•	OR		3
TOTAL CLAIMS (37 CFR 1.16(d)	minus 20			x 8		OR.	x s:	
BROEPENDENT CLAIMS GT CFR 1,(80g)	minus 3 * *		x 8		OR	× 2		
MULTIPLE DEPENDENT CLAIM PRESENT (57 OFR 1.19(4))				+1		OR	+1	
" if the difference in column 1 is less than zero, enter "O" in column 2.				TOTAL		OR	TOTAL	
RCG.	T4 SMALL E	OF OTHER THAN SMALL ENTITY						
	CLAIMS EMADIUNG AFTER MENOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total Comment	20 Minus	" <i>QD</i>	· Ø	H 8		OR	xeld.	Ø.
D independent	3 Minus	-(3	. 0	X 8=		OR	x <b>s</b> XX -	Ø
PARST PRESENTATION OF MATTPLE DEPONDENT CLAIM (37 OFR 1.18(4))				+5=		OR	,aud.	hQ
7/27/				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	<b>1990</b>
(Contain 2) (Contain 2)								
	CLAIMS REMAINING AFTER MENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total • Or ore 1.1600	20 Minus	- 20	•	x s=		OR	x s	
III 07 053 1.1493 I	6 Minus	- 3	•	X 8		OR	x 2 -	
FERST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (07 CFR 1.16(4))				+5=		· OR	+56	
				TOTAL ADD'L FEE		OR.	TOTAL ADOL FEE	<b>!</b> /
	Column 1)	(Column 2)	(Caturna 3)		,			
1. <b>1</b> 206 6 8	CLAINS REMAINING AFTER MENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	AODI- TIONAL PEE		RATE	ADDI- TIONAL FEE
M Total Control Contro	20 Minus	20	•	x 3 •		OR	X 8=	
Cot cut / mb9	C Minus	-3	•	x 3		OR	K \$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLARM (27 CFR 1.18(4))				13		OR	+ 9 -	
				TOTAL ADDL FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "U" in column 3.  If the "Righest Number Previously Paid For" by THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" by THIS SPACE is less than 3, enter "U".								

"He Highest Number Previously Paid For' IN THS SPACE is less than 3, enter "J".

The Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box is column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to fits (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection in estimated to tale 12 minutes to complete the including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this from another suggestions for making the burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

4